

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/20/2011	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 1649 SPY RUN AVENUE FORT WAYNE, IN46805			
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F0000	<p>This visit was for the Investigation of Complaint IN00100851.</p> <p>Complaint IN00100851 - Substantiated. Federal /state deficiencies related to the allegation are cited at F223, F225, and F226.</p> <p>Survey date: December 20, 2011</p> <p>Facility number: 000167 Provider number: 155266 AIM number: 100273740</p> <p>Survey team: Rick Blain, RN TC Sue Brooker, RD Angela Strass, RN</p> <p>Census bed type: SNF/NF: 77 Total: 77</p> <p>Census payor type: Medicare: 10 Medicaid: 58 Other: 9 Total: 77</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings</p>			F0000	<p>This Plan of Correction is the Center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state of deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223 SS=D	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review 12/22/11 by Suzanne Williams, RN</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 3 residents reviewed for abuse, in a sample of 3 residents, was free from physical abuse (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 12/20/11 at 10:45 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>A facility incident investigation dated 12/6/11, indicated on 11/19/11 at 10:10 P.M., Nurse #1 and CNA #2 responded to Resident #B calling out from her room and observed CNA #3 on top of the resident, holding her down in her bed.</p> <p>The facility Director of Nursing (DoN)</p>	F0223	<p>F 223 Free from abuse/involuntary seclusion</p> <p><b>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?The entire staff has been retrained as of 12/12/2011 by the Staff Development Coordinator on the Abuse Policy, signs of abuse, and the reporting of abuse. Every instance of suspected abuse of any kind will be treated appropriately using the Abuse Policy and State guidelines. Any team member suspected of violating the Abuse policy will immediately be suspended pending investigation to ensure the safety of all residents.</b></p> <p>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All alert and oriented residents were</p>	01/19/2012	

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	<p>was interviewed on 12/20/11 at 2:45 P.M. During the interview, the DoN indicated both Nurse #1 and CNA #2 had witnessed the incident involving Resident #B and CNA #3 on 11/19/11 at 10:10 P.M., and the investigation of the incident had substantiated the report of the incident.</p> <p>The facility's nurse consultant was interviewed on 12/20/11 at 2:50 P.M. During the interview, the nurse consultant indicated CNA #3 had not been suspended immediately following the incident as the incident had not been reported until 12/6/11. The nurse consultant further indicated the investigation had substantiated the incident as abuse, and CNA #3 had been terminated on 12/7/11. The nurse consultant also indicated CNA #3 had routinely received in-servicing on the facility's abuse policies prior to the incident.</p> <p>CNA #2 was interviewed on 12/20/11 at 3:20 P.M. During the interview, she indicated she had witnessed the incident involving Resident #B and CNA #3 on 11/19/11. She indicated she and Nurse #1 heard Resident #B calling out from her room and they went to her room and observed CNA #3 on the resident's bed, holding her down. CNA #2 indicated Nurse #1 told CNA #3 to get off of the</p>				<p>interviewed by someone on the leadership team. For those residents who are not alert and oriented, their representatives were interviewed.: Monthly reviews of the Abuse policy will be conducted during the all staff meeting the first payday Tuesday of each month for a year by the Executive Director or her designee. The Staff Development</p> <p>3.Systems to ensure alleged deficient practice does not recurCoordinator or her designee will train new hires on the Abuse policy during orientation. The Executive Director or her designee will manage suspected abuse allegations immediately following state and facility policies.: Abuse reporting and follow up actions will be added to monthly Process Improvement meeting to monitor for trends and completeness for the next year.</p> <p>4.Monitoring to ensure alleged deficient practice does not recur: January 19, 2012</p> <p>5.Date of Completion The resident was reassessed on 12/6/2011 by the ADON and found to have no negative outcomes. The staff member involved has been terminated.</p>		

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	<p>resident and she did. CNA #2 indicated CNA #3 had told Nurse #1 she was trying to prevent Resident #B from wandering into other residents' rooms.</p> <p>On 12/20/11 at 11:15 A.M., the interim Executive Director provided an undated policy entitled "Abuse Investigation Reporting and Response" and indicated the policy was currently being used by the facility. The policy indicated "residents must not be subjected to abuse by anyone...."</p> <p>This Federal tag relates to Complaint IN00100851.</p> <p>3.1-27(a)(1)</p>						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure staff immediately reported an allegation of physical abuse to the Executive Director, failed to immediately investigate possible physical</p>			F0225	<p>F 225 Investigate/report allegations/individuals</p> <p><b>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p><b>2.How other residents having the</b></p>		01/19/2012

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	<p>abuse, and also failed to immediately protect residents from further potential abuse, for 1 of 3 residents reviewed for abuse in a sample of 3 residents (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 12/20/11 at 10:45 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>A facility incident investigation dated 12/6/11, indicated on 11/19/11 at 10:10 P.M., Nurse #1 and CNA #2 responded to Resident #B calling out from her room and observed CNA #3 on top of the resident holding her down in her bed. The incident investigation indicated the incident was not reported to the Executive Director until 12/6/11. The incident investigation indicated the state agency was notified of the incident via electronic mail on 12/6/11.</p> <p>The facility Director of Nursing (DoN) was interviewed on 12/20/11 at 2:40 P.M. During the interview, the DoN indicated both Nurse #1 and CNA #2 had witnessed the incident involving Resident #B and CNA #3 on 11/19/11 at 10:10 P.M. The</p>				<p><b>potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b></p> <p><b>3.Systems to ensure alleged deficient practice does not recur</b></p> <p><b>4.Monitoring to ensure alleged deficient practice does not recur</b></p> <p><b>5.Date of Completion</b></p> <p>: January 19, 2012: Abuse reporting and follow up actions will be added to monthly Process Improvement meeting to monitor for trends and completeness for the next year.: Monthly reviews of the Abuse policy will be conducted during all staff meeting the first payday Tuesday of each month for a year by the Executive Director or her designee. New hires will be trained on the Abuse policy during orientation by the Staff Development Coordinator or her designee. The Executive Director or her designee will manage suspected abuse allegations immediately following state and facility policies. The entire staff has been retrained by the Staff Development Coordinator on the Abuse Policy, signs of abuse, and the reporting of abuse. This was completed by 12/12/2011. Every instance of suspected abuse of any kind will be treated appropriately using the Abuse Policy and State guidelines. Any team member suspected of violating the Abuse policy will immediately be suspended pending investigation to ensure the safety of all residents. Per the Abuse policy,</p>		

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	<p>DoN indicated CNA #2 had not reported the incident, since Nurse #1 had also witnessed the incident, and the CNA thought the nurse was going to report the incident. The DoN indicated Nurse #1 did not report the incident until 12/6/11, when she reported the incident to the Executive Director in a hand written letter. The DoN indicated Nurse #1 had not explained why she had waited until 12/6/11 to report the incident and that Nurse #1 had since been terminated. The DoN further indicated CNA #2 had received a written warning for not reporting the incident and had been re-educated about reporting possible abuse immediately. The DoN also indicated CNA #3 was terminated following the investigation of the incident.</p> <p>The facility's nurse consultant was interviewed on 12/20/11 at 2:50 P.M. During the interview, the nurse consultant indicated CNA #3 had not been suspended immediately following the incident, as the incident had not been reported until 12/6/11. The nurse consultant further indicated the investigation had substantiated the incident as abuse and CNA #3 had been terminated on 12/7/11. The nurse consultant also indicated CNA #3 had routinely received in-servicing on the</p>				<p>the team members who failed to report the alleged incident immediately were disciplined according to company policy. Elaine Rathack, Director of Nursing and Tony Hill, Executive Director on 12/6/2011, performed the discipline.</p>		

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	<p>facility's abuse policies prior to the incident.</p> <p>The facility's interim Executive Director was interviewed on 12/20/11 at 3:00 P.M. During the interview, she indicated it was facility policy that any staff who witnessed possible abuse were to immediately inform the Executive Director of the incident, either in person or by phone, allegations of abuse were to be investigated immediately, and staff suspected of possible abuse were to be suspended during the investigation of the incident.</p> <p>CNA #2 was interviewed on 12/20/11 at 3:20 P.M. During the interview, she indicated she had witnessed the incident involving Resident #B and CNA #3 on 11/19/11. She indicated she and Nurse #1 heard Resident #B calling out from her room and they went to her room and observed CNA #3 on the resident's bed, holding her down. CNA #2 indicated Nurse #1 told CNA #3 to get off of the resident, and she did. CNA #2 indicated CNA #3 had told Nurse #1 she was trying to prevent Resident #B from wandering into other residents' rooms. During the interview, CNA #2 indicated she had not informed the Executive Director of the incident as Nurse #1 had also witnessed the incident, and she thought the nurse</p>						



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F0226 SS=D	<p>was to inform the Executive Director.</p> <p>On 12/20/11 at 11:15 A.M., the interim Executive Director provided an undated policy entitled "Abuse Investigation Reporting and Response" and indicated the policy was currently being used by the facility. The policy indicated "all alleged violation of Federal or State laws which involve mistreatment, neglect, abuse... are reported immediately to the Executive Director of the facility." The policy further indicated "the facility will investigate each such alleged violation thoroughly...." The policy also indicated "If the suspected perpetrator is an associate, the Executive Director shall place the associate on immediate investigatory suspension while completing the investigation."</p> <p>This Federal tag relates to Complaint IN00100851.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure implementation of</p>			F0226	<p>F 226 Develop/implement abuse/neglect, etc. policies 1.What corrective action(s) will be</p>		01/19/2012

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	<p>the facility's abuse policy regarding staff immediately reporting possible physical abuse to the Executive Director, immediately investigating possible physical abuse, and protecting residents from further potential abuse by immediately suspending the involved staff, for 1 of 3 residents reviewed for abuse in a sample of 3 residents (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 12/20/11 at 10:45 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>A facility incident investigation dated 12/6/11, indicated on 11/19/11 at 10:10 P.M., Nurse #1 and CNA #2 responded to Resident #B calling out from her room and observed CNA #3 on top of the resident holding her down in her bed. The incident investigation indicated the incident was not reported to the Executive Director until 12/6/11. The incident investigation indicated the state agency was notified of the incident via electronic mail on 12/6/11.</p> <p>The facility Director of Nursing (DoN)</p>				<p><b>accomplished for those residents found to have been affected by the deficient practice?</b></p> <p><b>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b></p> <p><b>3.Systems to ensure alleged deficient practice does not recur</b></p> <p><b>4.Monitoring to ensure alleged deficient practice does not recur</b></p> <p><b>5.Date of Completion</b></p> <p>: January 19, 2012: Abuse reporting and follow up actions will be added to monthly Process Improvement meeting to monitor for trends and completeness for the next year.: Monthly reviews of the Abuse policy will be conducted during all staff meeting the first payday Tuesday of each month for a year by the Executive Director or her designee. New hires will be trained on the Abuse policy during orientation by the Staff Development Coordinator or her designee. The Executive Director or her designee will manage suspected abuse allegations immediately following state and facility policies.The entire staff has been retrained by the Staff Development Coordinator on the Abuse Policy, signs of abuse, and the reporting of abuse. This was completed by 12/12/2011. Every instance of suspected abuse of any kind will be treated appropriately using the Abuse Policy and State guidelines. Any team member suspected of violating the Abuse policy will immediately be</p>		

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	<p>was interviewed on 12/20/11 at 2:40 P.M. During the interview, the DoN indicated both Nurse #1 and CNA #2 had witnessed the incident involving Resident #B and CNA #3 on 11/19/11 at 10:10 P.M. The DoN indicated CNA #2 had not reported the incident, since Nurse #1 had also witnessed the incident, and the CNA thought the nurse was going to report the incident. The DoN indicated Nurse #1 did not report the incident until 12/6/11, when she reported the incident to the Executive Director in a hand written letter. The DoN indicated Nurse #1 had not explained why she had waited until 12/6/11 to report the incident and that Nurse #1 had since been terminated. The DoN further indicated CNA #2 had received a written warning for not reporting the incident and had been re-educated about reporting possible abuse immediately. The DoN also indicated CNA #3 was terminated following the investigation of the incident.</p> <p>The facility's nurse consultant was interviewed on 12/20/11 at 2:50 P.M. During the interview, the nurse consultant indicated CNA #3 had not been suspended immediately following the incident, as the incident had not been reported until 12/6/11. The nurse consultant further indicated the</p>				<p>suspended pending investigation to ensure the safety of all residents. Per the Abuse policy, the team members who failed to report the alleged incident immediately were disciplined according to company policy. The discipline was performed by Elaine Rathsack, Director of Nursing and Tony Hill, Executive Director on 12/6/2011.</p>		

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	<p>investigation had substantiated the incident as abuse and CNA #3 had been terminated on 12/7/11. The nurse consultant also indicated CNA #3 had routinely received in-servicing on the facility's abuse policies prior to the incident.</p> <p>The facility's interim Executive Director was interviewed on 12/20/11 at 3:00 P.M. During the interview, she indicated it was facility policy that any staff who witnessed possible abuse were to immediately inform the Executive Director of the incident, either in person or by phone, allegations of abuse were to be investigated immediately, and staff suspected of possible abuse were to be suspended during the investigation of the incident.</p> <p>CNA #2 was interviewed on 12/20/11 at 3:20 P.M. During the interview, she indicated she had witnessed the incident involving Resident #B and CNA #3 on 11/19/11. She indicated she and Nurse #1 heard Resident #B calling out from her room and they went to her room and observed CNA #3 on the resident's bed, holding her down. CNA #2 indicated Nurse #1 told CNA #3 to get off of the resident, and she did. CNA #2 indicated CNA #3 had told Nurse #1 she was trying to prevent Resident #B from wandering</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155266		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/20/2011	
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	<p>into other residents' rooms. During the interview, CNA #2 indicated she had not informed the Executive Director of the incident as Nurse #1 had also witnessed the incident, and she thought the nurse was to inform the Executive Director.</p> <p>On 12/20/11 at 11:15 A.M., the interim Executive Director provided an undated policy entitled "Abuse Investigation Reporting and Response" and indicated the policy was currently being used by the facility. The policy indicated "all alleged violation of Federal or State laws which involve mistreatment, neglect, abuse... are reported immediately to the Executive Director of the facility." The policy further indicated "the facility will investigate each such alleged violation thoroughly...." The policy also indicated "If the suspected perpetrator is an associate, the Executive Director shall place the associate on immediate investigatory suspension while completing the investigation."</p> <p>This Federal tag relates to Complaint IN00100851.</p> <p>3.1-28(a)</p>						